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# Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	11260
Facility Name:	Eden Medical Center
Address:	20103 Lake Chabot Road
City:	Castro Valley
Hospital Owner/Lice	ensee: Eden Medical Center
Year of Rep	porting: 2010
Contact 1 e-mail Ad	ddress:
Contact 2 e-mail Ad	ddress:
Contact 3 e-mail Add	dress::
Name of Sub	omitter: Carl Scheuerman
Submission	n Date: 1/20/2011 4:41:49 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Hospital Tower	20103 Lake Chabot Road	Replace	SPC5	01/01/2015	08/15/2013
02	Addition Tower	20103 Lake Chabot Road	Replace	SPC5	01/01/2015	08/15/2013
03	Lab Expansion	20103 Lake Chabot Road	Replace	SPC5	01/01/2015	08/15/2013
04	North Addition	20103 Lake Chabot Road	Replace	SPC5	01/01/2015	08/15/2013
05	South Addition	20103 Lake Chabot Road	Replace	SPC5	01/01/2015	08/15/2013

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 01	Hospital Tower	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
18180 IS080527	0 REPLACEMENT HOSPITAL - PPR	04/10/2008 07/15/2009 08/15/2013 OPEN No
Building No: 02	Addition Tower	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
18180 IS080527	0 REPLACEMENT HOSPITAL - PPR	04/10/2008 07/15/2009 08/15/2013 OPEN No
Building No: 03	Lab Expansion	Retrofit/Replacement Yes-Submitted Project:
Building No: 03  Facility Project Sub Number Number Num	Lab Expansion Scope	
Facility Project Sub	· · · · · · · · · · · · · · · · · · ·	Date Plan Approved Proj. Start Proj. Completed Status CEQA
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
Facility Project Sub Number Number Num 18180 IS080527	Scope  0 REPLACEMENT HOSPITAL - PPR	Project:  Date Plan Approved Proj. Start Proj. Completed Status CEQA Review  04/10/2008 07/15/2009 08/15/2013 OPEN No  Retrofit/Replacement Yes-Submitted

11260 **Eden Medical Center** Castro Valley Report Year: 2010 Page:4 of 38 South Addition Building No: 05 Retrofit/Replacement Yes-Submitted Project: Facility Project Sub Number Number Num Date Plan Approved Proj. Start Proj. Completed Status CEQA Sub Scope Date Ďate Date Review IS080527 0 REPLACEMENT HOSPITAL - PPR 07/15/2009 08/15/2013 OPEN No 18180 04/10/2008

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# Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Build	ling Number: 01	Buildir	ng Name: Hospital Tower		
Туре	e of Service Prov	<u>rided</u>			
X	Nursing	Inpatient Beds	111 Inpatient 14195 Days	X Surgical	X Obstetrical Recovery
X	IntensiveCare	Inpatient Beds	20 Inpatient Days 2602	X Anesthesia	X Newborn/ WellBaby
X	Pediatric/Adol escent	Inpatient Beds	2 Inpatient Days 0	Clinical Lab	Emergency
X	Psychiatric Nursing	Inpatient Beds	23 Inpatient Days 1306	Radiological/ Imaging	Nuclear Medicine
X	Obstetrical Ante/Postprtum	Inpatient Beds	11 Inpatient Days 1187	X Pharmaceutical X Dietetic	Rehabilitation Therapy
	Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis
	Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services  X Obstetrical	Outpatient Surgery
			Total Beds this Building	Cesarean/Deliv	X Central Plant

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### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildir	ng Name: Addition Tower					
Type of Service Prov	Type of Service Provided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0  Total Beds this	Support Services Obstetrical Cesarean/Deliv	X Outpatient Surgery			
		Total Beds this Building	Cesaleal/Deliv	Central Plant			

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### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildir	ng Name: Lab Expansion					
Type of Service Prov	Type of Service Provided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services  Obstetrical	Outpatient Surgery			
		Total Beds this Building	Cesarean/Deliv	Central Plant			

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### Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 04	Buildi	ing Name: North Addition					
Type of Service Prov	Type of Service Provided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0  Total Beds this 0	Support Services  Obstetrical Cesarean/Deliv	Outpatient Surgery			
		Building	Jesaiean/Denv	Central Plant			

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 05	Buildi	ng Name: South Addition					
Type of Service Prov	Type of Service Provided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0  Total Beds this	X Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery			
		Building	Cesalean/Denv	Central Plant			

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Building Number: 01	Building Name: Hospital Tower	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 111 Inpatient 1419 Bed Days 5	Inpatient 0 Inpatient 0 Bed Days	Inpatient 23 Inpatient 1306 Bed Days
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing
Inpatient 11 Inpatient 1187 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric	intensive Care Newborn Nursery	Intermediate Card
Inpatient 2 Inpatient 0 Days	Inpatient 3 Inpatient 218 Bed Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitation Center	Int. Care / development Disabled
Inpatient 6 Inpatient 927 Bed Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical Dependency	Total Beds this Building Per Unit Building Per Service
Inpatient 11 Inpatient 1457 Bed Days	Inpatient 0 Inpatient 0 Days	167

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Building Number:	02	Building Name: Add	lition Tower		
Medical / Surgical	(Include GYN)	Acute Respiratory	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	03	Building Name:	ab Expansion		
Medical / Surgical	(Include GYN)	Acute Respirato	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	04	Building Name: Nor	rth Addition		
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	05 <b>E</b>	Building Name: Sout	h Addition		
Medical / Surgical (	Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Hospital Tower	
02	Addition Tower	
03	Lab Expansion	
04	North Addition	
05	South Addition	
06	Lobby Addition	
07	ICU/Conference	
08	Radiology Expansion	
09	Emergency Generator Building	
		<b>—</b>

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## List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	New Hospital	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01	Building Name:	Н	ospital Tower					
Type of Servic	e Provided								
			X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing	[2	X	Anesthesia					
X	IntensiveCare		_		X	Obstetrical Recovery	Х	Renal Dialysis	
X	Pediatric/Adol escent			Clinical Lab	X	Newborn/		Outpatient Surgery	
X	Psychiatric			Radiological/ Imaging		WellBaby		3 7	
	Nursing	[2	X	Pharmaceutical		Emergency	X	Central Plant	
X	Obstetrical Ante/Postprtun	n [2	X	Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care		X	Administration					
	Skilled Nursing	,							

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Building Number:	02	Building Name:	Addition Tower			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare	·		Obstetrical Recovery		Renal Dialysis
П	Pediatric/Adol	,   [	Clinical Lab		X	Outpatient
_	escent		Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical			Nuclear		Support
	Ante/Postprtu	"   [	Dietetic	Medicine	Ш	Services
	Intermediate Care					
	Jaie		Administration			
	Skilled Nursin	ıg <b>İ</b>				

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Building Number:	03	Building Name:	Lab Expansion				
Type of Service	e Provided						
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				
	IntensiveCare	,		Obstetrical Recovery		Renal Dialysis	
	Pediatric/Ado	ı	Clinical Lab			Outpatient	
	escent		Radiological/ Imaging	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant	
	Obstetrical		I namacediicai				
	Ante/Postprtu	m _	Dietetic	Nuclear Medicine	X	Support Services	
	Intermediate						
	Care		Administration				
П	Skilled Nursin	ıg					

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Building Number:	04	Building Name:	North Addition			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare	<b>,</b>		Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado	ı	Clinical Lab			Outpatient
	escent	X		Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging			
			Pharmaceutical	X Emergency		Central Plant
	Obstetrical Ante/Postprtu	m   _	Dietetic	X Nuclear Medicine		Support Services
	Intermediate					
	Care		Administration			
	Skilled Nursin	ıg				

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rided sing nsiveCare iatric/Adol	× —	Surgical  Anesthesia	Obstetrical Cesarean/Deliv Obstetrical Recovery		Rehabilitation Therapy Renal Dialysis
nsiveCare	X		Cesarean/Deliv  Obstetrical		Therapy
nsiveCare		Anesthesia			Renal Dialysis
					Renal Dialysis
iatric/Adol			•		
ent <b>l</b>		Clinical Lab			Outpatient
		Radiological/ Imaging	Newborn/ WellBaby		Surgery
sing		Pharmaceutical	Emergency		Central Plant
stetrical e/Postprtum		Dietetic	Nuclear Medicine	X	Support Services
rmediate e		Administration			
r	tetrical :/Postprtum rmediate	tetrical e/Postprtum  mediate	chiatric sing	chiatric sing	chiatric sing

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	er: 01	Building Na	me: Hospital Tower				
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	ng			
Type of Serv	vice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis
X	Pediatric/Adol escent		Clinical Lab		Recovery		
X	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant
	Intermediate	X	Dietetic	_	Line.geney	<u> </u>	Contract tank
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Building Number:	02	Building Na	me: Addition Tower				
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	ng			
Type of Servic	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
l I	Pediatric/Adol scent		Clinical Lab		Recovery		
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Dbstetrical Inte/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic		Emergency	Ш	Central Flatfit
	care		Administration		Nuclear Medicine		Support Services
s	killed Nursing		, tarring addorr				

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Building Number:	03	Building Na	me: Lab Expansion				
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildin	g			
Type of Servic	e Provided						
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab		Recovery		
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic				
	are killed Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number	: 04	Building Na	me: North Addition				
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building				
Type of Servi	ice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	Intermediate		Dietetic		Emorgency		Contract land
	Care Skilled Nursing		Administration	X	Nuclear Medicine		Support Services

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Building Number:	05	Building Na	me: South Addition				
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ling			
Type of Service	e Provided						
N	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
☐ In	termediate		Dietetic		Linergency		Ochiliai Fiant
Ca	are		Administration		Nuclear Medicine	X	Support Services
SI	killed Nursing		Auministration				

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Building Number:	06	Building Na	me: Lobby Addition	1			
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 build	ding			
Type of Servic	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
l I	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emorgonov		Central Plant
	ntermediate		Dietetic		Emergency		Cential Flant
	are				Nuclear Medicine	X	Support Services
S	killed Nursing		Administration				

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Building Number:	07	Building Nar	me: ICU/Conference				
Configuration .	Replace with new	SPC 5 and N	IPC 4 or NPC 5 building	g			
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Inte	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ermediate		Dietetic		Linergency		Ochilai Fiant
— Ca ∏ Ski	ire illed Nursing		Administration		Nuclear Medicine	X	Support Services

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Building Number:	Building Number: 08 Building Name: Radiology Expansion									
Configuration:	Replace with new	SPC 5 and N	NPC 4 or NPC 5 buildi	ng						
Type of Service	ce Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Dbstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant			
	ntermediate		Dietetic		Emergency		Central Flatt			
	Care		Administration		Nuclear Medicine		Support Services			
	Skilled Nursing									

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Building Numbe	r: 09	Building Na	me: Emergency Gener	ator Bui	lding		
Configuration :	Replace with new	SPC 5 and N	NPC 4 or NPC 5 building				
Type of Serv	rice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	,	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic		Linergoney		Contract
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number: 06									
Type of Service Provided									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services				
Skilled Nursing	Inpatient Beds	0	Administration						
Total Beds this Building		0							

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Build	ing Number: 07								
Тур	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	11		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		11						

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Building Number: 08							
Type of Service Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0	Administration				
Total Beds this Building		0					

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Building Number: 09 Building Name: Emergency Generator Building							
Type of Service Provided							
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
_	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		0				

Report Status: **Data Last Update:** 01/20/2011 **Submission Date:** 01/20/2011 **Print Date:** 1/21/2011 8:38 AM

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Building Number:	06 Build	ding Name: Lobb	y Addition	
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0 0

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Building Number:	7 Build	ing Name: ICU/	Conference		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 11 Bed	Inpatient 1700 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	11	11

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Building Number:	Build	ing Name: Radi	ology Expansion		
Medical / Surgical (Ind	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	9 Build	ing Name: Eme	rgency Generator Building	g	
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0